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CONFIRMATION NO. 7163

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|---|---|-------------------------------|---|---|
| SERIAL NUMBER 10/645,235 | FILING OR 371(c) DATE 08/21/2003 RULE | CLASS 606 | GROUP ART UNIT 3733 | ATTORNEY DOCKET NO. SPINE 3.0-298 DIV I |
| APPLICANTS Mahmoud F. Abdelgany, Bartonsville, PA; Stephen Noel, Sioux City, IA; Alan Yeadon, Ridgewood, NJ; | | | | |
| ** CONTINUING DATA ***** This application is a DIV of 09/742,923 12/21/2000 PAT 6,648,894 <i>ok AR</i> | | | | |
| ** FOREIGN APPLICATIONS ***** <i>None AR</i> | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/12/2003 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Carroll Jones AR</i> Examiner's Signature Initials | | STATE OR COUNTRY PA | SHEETS DRAWING 8 | TOTAL CLAIMS 42 |
| INDEPENDENT CLAIMS 7 | | | | |
| ADDRESS 000530 | | | | |
| TITLE Bone graft forming guide | | | | |
| FILING FEE RECEIVED 1482 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |